## UNITED STATES DISTRICT COURT DISTRICT OF OREGON

Center for Bi	ological Diversity		Civil Case N	io. 1:17-C	7-468
Plair v.	utiff(s),			ON FOR SPE N – PRO HAC	The state of the s
United States	s Fish and Wildlife Service				
Defe	ndant(s).				
Attor	mey Hannah M, M, Conno	r	_requests spe	cial admission	pro hac vice in
the above-cap	otioned case.				
	of Attorney Seeking Pro of LR 83-3, and certify th PERSONAL DATA:				and the
	Name: Connor	Hanna	h	M.M.	
	(Last Name)	(First Name		(MI)	(Suffix)
	Firm or Business Affili	markett,	ugical Diversi	9	
	Mailing Address:	P.O. Box 2155			
	City: St. Petersburg	St	ate: FL	Zip:	33731
	Phone Number: (202)	681-1676	Fax Nu	mber: n/a	
	Business E-mail Addre	ss: hconnor@biologi	caldiversity.or	g	

D/XI	AR ADMISSIONS INFORMATION:				
(n)	State bar admission(s), date(s) of admission, and bar ID number(s): Commonwealth of Virginia, 10/17/2007, Bar No. 74785				
	District of Columbia, 5/10/2013, Bar No. 1014143				
	State of Florida, 10/5/2016, Bar No. 125378				
(b)	Other federal court admission(s), date(s) of admission, and bar ID number(s): E.D. of Virginia (3/3/2008); 4th Cir. Ct. of Appeals (3/5/2008);				
	9th Cir. Ct. of Appeals (12/10/2008); 11th Cir. Ct. of Appeals (9/27/2016);				
	D.D.C. (3/5/2013); M.D. of Fla. (1/18/2017)				
CEF	RTIFICATION OF DISCIPLINARY ACTIONS:				
(a)	☑ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or				
(b)	☐ I am now or have been subject to disciplinary action from a state or federal be association. (See attached letter of explanation.)				
CEI	RTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:				
equi State	LR 83-3(a)(3), I have professional liability insurance, or financial responsibility valent to liability insurance, that meets the insurance requirements of the Oregon e Bar for attorneys practicing in this District, and that will apply and remain in forcible duration of the case, including any appeal proceedings.				
DE	PRESENTATION STATEMENT:				
REA					
	representing the following party(s) in this case:				

(6)	CM	ECE	REGIST	FDAT	TON
8 65 2			P. P. A. T. I. S.		

Concurrent with approval of this pro hac vice application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at ord.uscourts.gov), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this 21st day of March , 2017

(Signature of Fro Hac Counsel)

Hannah Connor
(T) good Name)

## CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

	DATED this 2	day of March	2017		
			s/Stepha	anie M. Parent	
			(Signature of Local	f Counsel)	
Name:	Parent		Stephanie	M	
	(Last Name)		(First Name)	(MI)	(Suffix)
Oregon	State Bar Num	ber: 925908			
Firm or	Business Affil	iation: Center for Biolog	ical Diversity		
	g Address: P.O				
City: Po			State: Or	Zip: 97211	
	Phone Number: (917) 717-6404		Business E-mail Add	dress: sparent@biologica	diversity.
		CO	URT ACTION		
		☐ Application approx☐ Application denied	ed subject to payment o	f fees.	
	DATED this _	day of		=	
			Judge		